



Send completed forms  
to DOH Communicable  
Disease Epidemiology  
Fax: 206-418-5515

**LHJ Use** ID \_\_\_\_\_  
☐ Reported to DOH Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
**LHJ Classification** ☐ Confirmed  
☐ Probable  
By: ☐ Lab ☐ Clinical  
☐ Other: \_\_\_\_\_  
Outbreak # (LHJ) \_\_\_\_\_ (DOH) \_\_\_\_\_

**DOH Use** ID \_\_\_\_\_  
Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
**DOH Classification**  
☐ Confirmed  
☐ Probable  
☐ No count; reason: \_\_\_\_\_

# Psittacosis

County \_\_\_\_\_

## REPORT SOURCE

Initial report date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation  
start date:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter name \_\_\_\_\_

Reporter phone \_\_\_\_\_

Primary HCP name \_\_\_\_\_

Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_

Address \_\_\_\_\_ ☐ Homeless

City/State/Zip \_\_\_\_\_

Phone(s)/Email \_\_\_\_\_

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Occupation/grade \_\_\_\_\_

Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Derived

Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Illness duration: \_\_\_\_\_ days

### Signs and Symptoms

**Y N DK NA**

☐ ☐ ☐ ☐ **Fever** Highest measured temp (°F): \_\_\_\_\_  
☐ Oral ☐ Rectal ☐ Other: \_\_\_\_\_ ☐ Unk

☐ ☐ ☐ ☐ **Chills**

☐ ☐ ☐ ☐ **Headache**

☐ ☐ ☐ ☐ **Cough**

Cough onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Nonproductive cough

☐ ☐ ☐ ☐ Breathing difficulty or shortness of breath

☐ ☐ ☐ ☐ **Muscle aches or pain (myalgia)**

☐ ☐ ☐ ☐ **Eyes sensitive to light (photophobia)**

### Laboratory

P = Positive O = Other, unknown  
N = Negative NT = Not Tested  
I = Indeterminate

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_

**P N I O NT**

☐ ☐ ☐ ☐ ☐ **C. psittaci culture (respiratory secretions)**

☐ ☐ ☐ ☐ ☐ **C. psittaci IgM by MIF 16**

☐ ☐ ☐ ☐ ☐ **C. psittaci antibodies with 4-fold rise by  
complement fixation or by  
microimmunofluorescence (MIF) to a  
reciprocal titer 32 (acute and convalescent  
serum pair)**

### Clinical Findings

**Y N DK NA**

☐ ☐ ☐ ☐ Respiratory infection, Type: \_\_\_\_\_

☐ ☐ ☐ ☐ **Pneumonia or pneumonitis**

X-ray confirmed ☐ Y ☐ N ☐ DK ☐ NA

### Hospitalization

**Y N DK NA**

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name \_\_\_\_\_

Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Y N DK NA**

☐ ☐ ☐ ☐ Died from illness Death date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Autopsy Place of death \_\_\_\_\_

### NOTES

**INFECTION TIMELINE**

Enter onset date (first  
sx) in heavy box.  
Count backward to  
figure probable  
exposure period

Weeks from  
onset:

**Exposure period**

-4 -1

o  
n  
s  
e  
t

Calendar dates:



**EXPOSURE (Refer to dates above)**

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or  
outside of usual routine

Out of: ☐ County ☐ State ☐ Country

Dates/Locations: \_\_\_\_\_

\_\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ Case knows anyone with similar symptoms

☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**

☐ ☐ ☐ ☐ Psittacine bird

☐ ☐ ☐ ☐ Other pet bird

Y N DK NA

☐ ☐ ☐ ☐ Pigeon

☐ ☐ ☐ ☐ Wild bird

☐ ☐ ☐ ☐ Domestic fowl (e.g. chicken, turkey)

☐ ☐ ☐ ☐ Bird dropping or feather exposure without direct  
contact

☐ ☐ ☐ ☐ Pet shop visit

☐ ☐ ☐ ☐ Occupational exposure (e.g. pet shop, veterinary  
clinic, poultry processing)

☐ ☐ ☐ ☐ Domestic fowl (e.g. chicken, turkey)

☐ ☐ ☐ ☐ Bird dropping or feather exposure without direct  
contact

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Most likely exposure/site: \_\_\_\_\_

Site name/address: \_\_\_\_\_

Where did exposure probably occur? ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk

**PUBLIC HEALTH ISSUES**

Y N DK NA

☐ ☐ ☐ ☐ Epidemiologic link to a confirmed or presumptive  
avian case

☐ ☐ ☐ ☐ Source bird identified

Bird tested pos. for psittac. ☐ Y ☐ N ☐ Not tested

Origin of infected bird:

☐ Private home ☐ Private aviary

☐ Commercial aviary ☐ Pet shop

☐ Bird loft ☐ Poultry establishment

☐ Other: \_\_\_\_\_ ☐ Unk

Species: \_\_\_\_\_

☐ ☐ ☐ ☐ Outbreak related

**PUBLIC HEALTH ACTIONS**

☐ Initiate trace-back investigation

☐ Quarantine or treat infected birds

☐ Other, specify: \_\_\_\_\_

**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_

Investigation complete date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Local health jurisdiction \_\_\_\_\_

Record complete date \_\_\_\_ / \_\_\_\_ / \_\_\_\_